



Commonwealth  
of Massachusetts

# Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

2020 JUN 30 11:10:46  
File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 05/27/2020 Ending Date: 06/30/2020

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☒ 30 day after election ☐ year-end report ☐ dissolution

Bill Hayner	
Candidate Full Name (if applicable)	
Arlington MA School Committee	
Office Sought and District	
19 Putnam Rd Arlington MA 02474	
Residential Address	
E-mail:	bill_hayner@comcast.net
Phone # (optional):	781-643-7948

Committee to Re-elect Bill Hayner	
Committee Name	
Bonnie Hayner	
Name of Committee Treasurer	
19 Putnam Rd Arlington MA 02474	
Committee Mailing Address	
E-mail:	bill_hayner@comcast.net
Phone # (optional):	781-643-7948

## SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report	1,243.83
Line 2: Total receipts this period (page 3, line 11)	310
Line 3: Subtotal (line 1 plus line 2)	1,553.83
Line 4: Total expenditures this period (page 5, line 14)	1,331.82
Line 5: Ending Balance (line 3 minus line 4)	222.01
Line 6: Total in-kind contributions this period (page 6)	
Line 7: Total (all) outstanding liabilities (page 7)	2,778.8
Line 8: Name of bank(s) used:	Watertown Savings Bank

### Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

*Bonnie Hayner*

(Treasurer's signature)

Date: 6/30/20

### FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

#### Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period that are not otherwise disclosed in this report.

#### Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this candidate in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

*Bill Hayner*

(Candidate's signature)

Date: 6/30/20

## SCHEDULE A: RECEIPTS

*M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.*

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
5/26/2020	Carol Greeley 15 Temple St Arlington MA 02476	110	
6/12/2020	Mary Winston O'Connor 781 Concord Tpke Arlington MA 02476	200	Attorney Krattenmaker O'Connor & Ingber P.C. 1 McKinley Square Boston MA 02109
Line 9: Total Receipts over \$50 (or listed above)		310	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)			
<b>Line 11: TOTAL RECEIPTS IN THE PERIOD</b>		<b>310</b>	

\* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

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## SCHEDULE B: EXPENDITURES

*M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.*

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
6/29/2020	Bill Hayner	19 Putnam Rd Arlington MA 02474	Reimbursement from 2011 for Outstanding Liabilities	1,300
<b>Line 12: Total Expenditures over \$50 (or listed above)</b>				1,300
<b>Line 13: Total Expenditures \$50 and under* (not listed above)</b>				31.82
<b>Line 14: TOTAL EXPENDITURES IN THE PERIOD</b>				1,331.82

\* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

## SCHEDULE D: LIABILITIES

*M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.*

Date Incurred	To Whom Due	Address	Purpose	Amount
Jan 1, 2011	Bill Hayner	19 Putnam Rd Arlington MA 02474	Loan to Committee to Elect in 2011	4078.80
6/30/2020	Bill Hayner	19 Putnam Rd Arlington MA 02474	Repayment	-1300.00
Enter on page 1, line 7 → <b>Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)</b>				2778.80



Commonwealth  
of Massachusetts

# Form CPF R 1: Itemization of Reimbursements

## Office of Campaign and Political Finance

Office of Campaign and Political Finance  
One Ashburton Place, Room 411  
Boston, MA 02108  
(617) 979-8300

2020 JUN 30 AM 10:16

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

Date of Reimbursement:		June 30, 2020
Name of Individual Being Reimbursed:	Bill Hayner	
Committee Name:	Committee to Re-Elect Bill Hayner	
CPF ID Number (if applicable):		Telephone Number (optional): (781) 643-7948

### ITEMIZE EXPENDITURES IN EXCESS OF \$50

Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount
Jun 30, 2020	Bill Hayner	19 Putnam Rd Arlington MA 02474	Reimbursement for Outstanding Liabilities from 2011	\$1,300.00

(Include items listed on Page 2) →

Line 1: Expenditures in excess of \$50 (itemized above):	1,300
Line 2: Expenditures \$50 or under (not itemized):	
Line 3: TOTAL AMOUNT REIMBURSED:	1,300

Signed under the penalties of perjury:

*Bill Hayner / Bonnie Hayner*  
Signature of Candidate / Treasurer

Date: Jun 30, 2020

Please prepare a separate report for each reimbursement check issued by the committee.